

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Bonnert, T. P.		
Serial No.:	09/445,614	Case No.:	T1481
Filed:	December 8, 1999		
For:	HUMAN VANILLOID RECEPTOR-LIKE RECEPTOR		
Art Unit:	1646		
Examiner:	Brannock, M.		

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is filed in response to the Office Action dated February 25, 2004, having a three (3) month shortened statutory period for reply set to expire on May 25, 2004.

In the event that there are any additional fees associated with this Amendment, they may be charged to Merck Deposit Account No. 13-2755.

In response to the Office Action of February 25, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

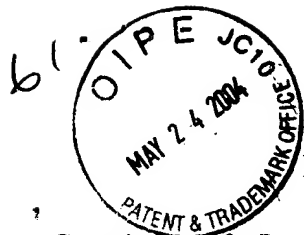
Remarks/Arguments begin on page 3 of this paper.

05/26/2004 MAHMED1 00000014 132755 09445614

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

By Mark L. Merck MERCK & CO., INC.
Date 5/20/04



PATENT
CASE NO. T1481

AF 1646
JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: BONNERT, T.P. ET AL.

Serial No. 09/445,614

Filed December 8, 1999

Group Art Unit 1646

Examiner Brannock, M.

For: HUMAN VANILLOID RECEPTOR-LIKE RECEPTOR

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

☒ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>6</u>	-	** <u>20</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* <u>4</u>	-	*** <u>3</u> =	<u>1</u> X	\$86	= <u>86.00</u>
Multiple Dependent Claims					\$290 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						86.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 86.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: Patricia Chisholm

Attorney _____ for Applicant(s)

Reg. No. 45,822

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-5738

Date: May 20, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

MERCK & CO., INC.

By Date 5/20/04

IN DUPLICATE